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## CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on April 13, 2006.

Mary N. Kilgore  
Mary N. Kilgore

In Re Application of:

Jerding et al.

Serial No.: 09/590,488

Filed: June 9, 2000

Confirmation No.: 2510

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

Docket No.: A-6600 (191910-1540)

For: **USER INTERFACE NAVIGATIONAL SYSTEM WITH PARENTAL CONTROL  
FOR VIDEO-ON-DEMAND SYSTEM**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal
- Fee Transmittal
- Petition for Extension of Time - 1 month
- Response to Non-Final Office Action
- Drawings - 35 sheets
- Substitute Specification - Marked-Up Copy
- Substitute Specification - Clean Copy
- Credit Card Authorization - \$120

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s) **Derding, et al.**

Docket No.

**A-6600 (191910-1540)**Serial No.  
**09/590,488**Filing Date  
**June 9, 2000**Examiner  
**Beliveau, Scott E.**Confirmation No.  
**2510**Group Art Unit  
**2614**Invention: **USER INTERFACE NAVIGATIONAL SYSTEM WITH PARENTAL CONTROL FOR VIDEO-ON-DEMAND SYSTEM****Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**


Transmitted herewith is Response to Non-Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	37 =	0	X \$50.00	\$0
INDEP. CLAIMS	2 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367****4-12-06**  
\_\_\_\_\_  
Date



Effective on 12/08/2004

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

Application Number	09/590,488
Filing Date	June 9, 2000
First Named Inventor	Jerding, et al.
Examiner Name	Beliveau, Scott E.
Art Unit	2614
Attorney Docket No.	A-6600 (191910-1540)

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)**120.00**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESSIVE CLAIM FEES**

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	-20 or HP = 0	50	0
HP = highest number of total claims paid for, if great than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	-3 or HP = 0	200	0
HP = highest number of total claims paid for, if great than 3			
Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
			0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: 1 month Extension of Time	\$120.00

**SUBMITTED BY**

Complete (if applicable)

Signature		Registration No. <b>34,367</b>	Telephone Number 770-933-9500
Name: (Print/Type)	<b>Jeffrey R. Kuester</b>	Date:	<b>4-12-06</b>